

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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8						
9	1					
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11		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	9					
TOTAL CLAIMS	11					

	IND	DEP	IND	DEP	IND	DEP
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